



STATE OF RHODE ISLAND

Bd. of Examiners of Landscape Architects

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Providence, RI 02908
(401) 222-2565 Fax: (401) 222-5744
www.bdp.state.ri.us

RECIPROCITY VERIFICATION FORM

STATE BOARD NAME & ADDRESS

APPLICANT'S NAME & ADDRESS

Please return this form directly to the applicant in a sealed envelope.

TO: _____

Has this applicant been subject to any disciplinary action or pending legal action that could affect his/her professional status in your State? YES _____ NO _____

If yes, please explain. _____

METHOD OF LICENSURE

____ CLARB Certification
____ Grandfather/mother Clause
____ Reciprocity from the State of _____
____ Other (Explain) _____

____ LARE or UNE with passing scores set by CLARB and given without modification to the procedures set by CLARB for the administration and evaluation.

LARE/UNE RECORD

SECTION	SUBJECT TITLE	DATE PASSED
	STATE EXAM	

Additional Comments _____

Provided your State gives similar recognition and endorsement to Rhode Island licensed landscape architects, the applicant with current registration in your State is eligible for registration in Rhode Island via reciprocity.

(State Board) _____ (would) (would not) register by reciprocity a Rhode Island licensed landscape architect with qualifications comparable to those of the applicant.

Please return this form directly to the applicant in a sealed envelope.

Authorized Signature

Title

Date

BOARD SEAL